

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90098 010 ****61.25

0026639

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763971

1. Corporation Name

FAIRWAYS OF TAMARAC CONDOMINIUM III ASSOCIATION,
INC.

Principal Place of Business

C/O BENCHMARK
7932 WILES RD.
CORAL SPRINGS FL 33067

Mailing Address

C/O BENCHMARK
7932 WILES RD.
CORAL SPRINGS FL 33067



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/30/1982

4. FEI Number

59-2391897

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FIELDS, MELVILLE
8450 LAGOS DE CAMPOS BLVD. #301
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P DELETE

NAME FIELDS, MELVILLE
STREET ADDRESS 8450 LAGOS DE CAMPOS BLVD. #301
CITY-ST-ZIP TAMARAC FL 33321

TITLE V DELETE

NAME GOODMAN, IRV
STREET ADDRESS 8450 LAGOS DE CAMPOS BLVD. #310
CITY-ST-ZIP TAMARAC FL 33321

TITLE STD DELETE

NAME GOODMAN, AUDREY
STREET ADDRESS 8450 LAGOS DE CAMPOS BLVD. #310
CITY-ST-ZIP TAMARAC FL 33321

TITLE D DELETE

NAME DRUMHELLER, PAT
STREET ADDRESS 8450 LAGOS DE CAMPOS BLVD. #208
CITY-ST-ZIP TAMARAC FL 33321

TITLE D DELETE

NAME SILVER, ELYS H
STREET ADDRESS 8450 LARGOS DE CAMPOS BLVD
CITY-ST-ZIP TAMARAC FL 33321

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D Change Addition

1.2 NAME Fields, Adelaides
1.3 STREET ADDRESS 8450 Lagos DeCampos Blvd #301
1.4 CITY-ST-ZIP Tamarac, FL 33321

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/26/99

954-344-5353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)